

Candidate signature (in ink)

## Form CPF M 102: Campaign Finance Report Municipal Form

3	Office of Campaign and Political Finance
	BOARD OF ELECTION  with:  with:
	y or Town Clerk or Election Commission Please print or type all information, except signatures. 2017 JAN 20 P 3: 30
	Fill in dates:  Reporting Period Beginning O Z   Year Ending   Month   NEW Page   MASS   Year    Ending   Ending   Z Z   MASS   MASS
	Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election □xear-end report □dissolution
	Full Name of Candidate (if applicable) Lord Committee Name
- /	Office Sought and District  Residential Address Now Way MA Committee Mailing Address  Committee Mailing Address
	Tel. No. (optional)  Tel. No. (optional)
	Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used
	Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:
	Treasurer's signature (in ink) Layer Awarder  Date Law 19, 202
	Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:

- ischman

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date		ne and Residential Address	Ame	ount	Occupation & Employer
Received		phabetical listing required)	ZIII	Juni	(for contributions of \$200 or more)
1/29/11	The	Bake Committee Supplie Read .	50	a	
10/20/11	WILLIA	in sige/more, sige	50.	00	
11/20/1/		SOLOT CITES LANGING MA	250	0	BOUL ESTATE OMINEN MANAGE
19811		Dedham St, Nowton, Mo	25,	00	
11/1/11	MHOR	el Li Aschman to Flat	2,03	\$ ac	EMIR CONSultant
	4				
				ME	
Line 9: T	otal receipts	in excess of \$50 (or listed above)	7383.	00	
Line 10: T	otal receipts	\$50 and under* (not listed above)	25,0	50	
Line 11: T	OTAL REC	CEIPTS IN THE PERIOD	340	00.	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

#2,48,00

Page 2

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

number on eac		1			
Date Paid	To Whom Paid (alphabetical listing) GYRNIRY PAINT PAINT	Address	Purpose of Expenditure	Amount	
11	(alphabetical listing)	LE POR Werbury	POSTORED		
10/30/11	CANGULA LUMBANT	S.100	MAILINY #	7-761	FF
1 111		Samp to Plany MA	1.40121401	2,26),	
11/03/11	USPS	(1.5, Posto) Sev	c Stampi	146.	5
	ي ريان ۽ آلي ٿي				
	-		. 2 - 1 - 1		
			- gode 1 114		
		1.			
				4	
			+		
4			* * *		
		Line 12:	Expenditures over \$50	2408.	08
. *			Expenditures \$50 and under		
	Enter on page 1, line 4		:TOTAL EXPENDITURES		0
			12. Line 13 should include only		nditu

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			* _	
•				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	00.00

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	PREVIOUS L	IABILITIES	#	75.78971
11/1/11	Advante to	A BUSH HIRD	GORE MAPAPHER	2,033,00
		Newton Mosters		
	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	ABILITIES (ALL)	\$20,000,2

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF 102A: Amendment to Campaign Finance Report Office of Campaign and Political Finance

e with: Director fice of Campaign and Political Fins	noe		CPF ID#
Local Election Office		l information, except signatures	. <u> </u>
Reporting Period: Report being amended: Year:	Beginning date:	ion Year-end 30 day	y after special election On Ones,
Candidate Name:  Committee Name:  Treasurer Name:		r Gombero Elect Dianz hicoine	
Line 2: Line 3: Line 4: Line 5: Line 6:	SUMMARY BA Ending balance from p Total receipts this per Subtotal (line 1 plus line 2) Total expenditures thi Ending balance (line 3 m Total in-kind contribution Total (all) outstanding li	s period (page 3, line 14) hinus line 4) ons this period (page 4)	N: \$_\$_14,571.00 \$_\$_\$.385.24 \$_6.185.76 \$\$_1.065.63
he original filing of the		n finance report is being ar	mended for the following reason(s):
Signed under the penals  Liam Fer  Candidate Signature (in in	ship	Signed under the penaltic	Cheron

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Sep 11, 2011	Diana Fisher Gomberg		candidate loan for campaign expenditures	1,065.63
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	1,065.63



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

						ection Commission
Fill in Reporting Pe	riod dates: Beginning Dat	e: Oct 21	, 2011	Ending Date: Dec	31, 2011	
Гуре of Report: (С					商	28 28 28 28 28 28 28
8th day preceding p	reliminary 8th day preceding	election [	] 30 day af	ter election X year-end	1 report 6	disselution
Diana Fisher Gomberg			Committe	e to Elect Diana Fisher Gom		787
L	ndidate Full Name (if applicable)		,	Committee Na		<b>Z</b>
School Committee		:	Denise A.	Chicoine	က က	i .
	Office Sought and District			Name of Committee	Treasurer	
290 Islington Road	-		290 Isling	ton		
	Residential Address			Committee Mailing	; Address	
Telephone Number (optional	):	<u>.</u>	Telephone N	umber (optional):		·
	SUMMARY	BALANCI	E INFOR	MATION:		
Line 1	: Ending Balance from previous	report			6,185.76	
Line 2	: Total receipts this period (pag	e 3, line 11)			1,299.62	
Line 3	3: Subtotal (line 1 plus line 2)				7,485.38	
Line 4	: Total expenditures this period	(page 5, line	: 14)		9,308.68	
Line 5	5: Ending Balance (line 3 minus	line 4)			-1,823.3	
Line 6	6: Total in-kind contributions th	s period (pag	ge 6)			
Line '	7: Total (all) outstanding liabilit	es (page 7)			1,888.93	
Line	8: Name of bank(s) used: Village	Bank .				
the description of the operation	d this report including attached schedules an butions, loans, receipts, expenditures, disbut as acting under the authority or on behalf of t	ements⊶n-kind ¢	contributions ar	id Habilities for this reporting perio	od and represents in	ic campaign
FOR CANDIDATE	FILINGS ONLY: Affidavit of Candid	ate: (check 1 bo	x only)			
I certify that I have exa activity, of all persons incurred any liabilities	nittee and no activity independent of the c mined this report including attached schedul acting under the authority or on behalf of this nor made any expenditures on my behalf dur	es and it is, to the committee in ac- ing this reporting	cordance with to period.	ne requirements of M.G.E. C. 33.	plete statement of a I have not received	ill campaign finance any contributions,
I certify that I have exa	ommittee OR Candidate with independent amined this report including attached schedul ling contributions, loans, receipts, expenditur vity of all persons acting under the authority of	es and it is, to the	in-kind contri	butions and liabilities for this repo	in thing period and rep	all campaign presents the
Signed under the penaltie	s of perjury:			(Candidate's signature)	Date:	
I	-				<del></del>	

# Receipts Custom Report

Date	Name/Address	Occupation/Employer	Amount
10/26/2011	Pollock, Marion Newton. MA		\$10.00
10/26/2011	Tabenken, Marcia 11 North Street Newton, MA 02460		\$30.00
10/27/2011	Anonymous Newton, MA		\$10.00
10/27/2011	Farnsworth, Laurel 73 Perkins Street Newton, MA 02465	<i>w</i>	\$100.00
10/24/2011	Schnipper, Sydra 273 Ward Street Newton, MA 02459		\$29.00
10/26/2011	Dellorusso, Kerry 83 Madison Ave Newton, MA 02460		\$30.00
10/24/2011	Boyer, Holly 25 Shirley Street Newton, MA 02465	Software Consultant, Self \$	\$500.00
10/31/2011	Kaplan, Susan 89 Needham Street, Apt. 2327 Newton, MA 02461		\$25.00
11/5/2011	Sokoloff, Claire 41 Oxford Road Newton Centre, MA 02459	School Committee Member,City \$ of Newton	\$250.00
11/5/2011	Gifford, Robert 41 Oxford Road Newton, MA 02459	CEO Global Real Estate, Aig	\$250.00
12/5/2011	Paypal*** Newton, MA		\$65.62
	Grand Total	TS	\$1,299,62

# Expenditures Custom Report

Purpose	Database Management \$509.00	South Advertising \$65.00	ystems october Mailing \$8,380.00	Ystems Robocall Payment \$300.00	
nate Name/Address	11/4/2011 Sage Systems	10/24/2011 145 Newton South Newton, MA	10/24/2011 101 Sage Systems Peahody MA 01960	11/22/2011 102 Sage Systems	Inomod

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Nov 4, 2011	Diana Fisher Gomberg		candidate loan for campaign expenditures	1,823.3
Sep 11, 2011	Diana Fisher Gomberg		candidate loan for campaign expenditures remainder outstanding	65.63
		35.		
<u> </u>	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	1,888.93



# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

		Dar	te of Reimbursement: Jan 20, 2012			
Name of Individ	ual Being Reimbursed: Diana Fishe	r Gomberg				
Committee Nam	c: Committee	to Elect Diana Fisher Gomberg				
CPF ID Number	(if applicable):	Telephone	e Number (optional):			
	ITEMI	ZE EXPENDITURES IN EXCE	ESS OF \$50			
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
Oct 24, 2011	Newton South		advertising	\$65.00		
Nov 4, 2011	Sage Systems	Peabody, MA	database management	\$509.00		
Nov 22, 2011	Sage Systems	Peabody, MA	robocali payment	\$300.00		
Dec 9, 2011	godaddy.com		domain name	\$54.68		
1	(Include items listed on Page 2)	Line 1: Expenditures in excess	s of \$50 (itemized above):	928.68		
·		Line 2: Expenditures \$50 or ut	nder (not itemized):	71.32		
	Line 3: TOTAL AMOUNT REIMBURSED: 1,000					
Signed under	the penalties of perjury:  Output  Signature of Cane	L Chuss  didate / Treasurer	Date: Ja	n 20, 2012		



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fil	ev	vit	h

y of Town Clerk of Election Commission Please print of type an int	ormation, except signatures.
Fill in dates: Reporting Period Beginning October 21 20	Ending December 31 7 2013
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	n 30 day after election Dyear-end report dissolution
Susan Ficop  Full Name of Candidate (if applicable)	Committee to Elect Sue Forces  Christopher Hill
Office Sought and District  Residential Address  Tel. No. (optional)	Name of Committee Treasurer  163 Suffo 1K Road, Chestrut F  Committee Mailing Address MA 024  617 232-23(0  Tel. No. (optional)
Tel. 110. (optional)	Tel. No. (optional)
Line 1: Ending balance from preduction 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabit Line 8: Name of bank(s) used	(page 2, line 11) \$ 6 6   continue 4   conti
campaign finance activity, including all contributions, loans, receipts, expend	litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of
Treasurer's signature (in ink)	Date //17/12.
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on bave not received any contributions, incurred any liabilities nor made any expanding the contribution of the contributions of the contribution of the contribution of the contribution of the contribution of t	it is, to the best of my knowledge and belief, a true and complete statement of all behalf of this committee in accordance with the requirements of M.G.L. c. 55. I penditures on my behalf during this reporting period.  ty filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of
Candidate signature (in ink)	Date

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Nan	Name and Residential Address An (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
	1.50				
Y	9.				
	20	The second second			
	+				
				+	
					and the second of the second o
Line 9:	Total receipts	s in excess of \$50 (or listed above)			
Line 10:	Total receipts	s \$50 and under* (not listed above)			
Line 11:	TOTAL RE	CEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
		4		
			4	
		* * * * * * * * * * * * * * * * * * * *		
				*
			Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
]	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				( ) - ( ) )
			. ,	
		Line 15:	In-kind over \$50	
			In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	4	**		
	Chi negen			
E	nter on page 1, line 7	Line 18: OUTSTANDING LIA	ABILITIES (ALL)	1000

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

nmonwealth Massachusetts
e with: ty or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning  Menth  Date  1 2011  Ending  Month  3 Date  2012
Type of report: (Check one)  Sth day preceding preliminary Sth day preceding election 30 day after election year-and report arissolution
Tohn Free duch  Comment to Cleck Tohn Free ducks  Full Name of Gandidate (if applicable)  Comment to Cleck Tohn Free ducks  Comment to Comment to Cleck Tohn Free ducks  Comment to Comment to Cleck Tohn Free ducks  Comment to Cleck Tohn Free duc
Aldermen at Laze Ward 8  Office Sought and District  390 Ded ham S4  Name of Committee Treasurer  390 Ded ham S4
Residential Address Newson Cluste Ma 02459  Tel. No. (optional)  Committee Mailing Address Newson MA 02459  Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used  Cifical Substance (Sine Substance of this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report including all contributions of and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of Signed under the penalties of perjury:
Treasurer's signature (in ink)
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 35.  Candidate/signature (in ink)  Date

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

			(for contributions of \$200 or more)
		1	
	1		and the specific of the second sections
l receipts in excess of \$50 (or listed above)			
l receipts \$50 and under* (not listed above)  TAL RECEIPTS IN THE PERIOD			

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

number on each page.					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	int
Nov-Jan	CHirens Benk	POB 7000 Providence RI 02946	Bank Fee) Done And to General	12	_
1/31/12	City of Newson	1006 Comm. Ave Newson Cevane ma	Done And To General	401	16
+					
	·	**			
		+			
*					
		.,			
•					
•					
		Line 12	Expenditures over \$50	401	16
5.			Expenditures \$50 and under*		
	Enter on page 1, line 4		:TOTAL EXPENDITURES	1	16

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			- 4	
	+	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	3			
			*	
		9		
	Enter on page 1, line 7	Line 18: OUTSTANDING LI	IABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission		eren (ger ≢ens)		12/22	2/2011
		•.		7812	
Reporting Period - Beginning: 10/22/2011	Ending:	12/31/2011	NEW	JAN	COMM
Type of report: Year-end					SSION
RUTHANNE FULLER	T	HE FULLER COM		7	82
Full Name of Candidate		Committee Nat		CI	Z
ALDERMAN-AT-LARGE, WARD 7/NEWTON Office Sought/ District	Nati	me of Committee T.			
_	1401	32 SUFFOLK F		_	:
32 SUFFOLK ROAD NEWTON, MA 02467-1216	N	EWTON, MA 0246		6	
Residential Address		Committee Addr			
SUMMARY BALANCE	INFORM	ATION			
Ending Balance from previous repor		\$13,9	92.15		
Total receipts this period:			\$0.00		
Subtotal:		\$13,9	92.15		
Total expenditures this period:			\$0.00		
Ending Balance:		\$13,9	92.15		
Total inkind contributions this pe	riod:		\$0.00		
Total outstanding liabilities:		\$2,0	00.00		
Name of bank(s) used: BANK OF	AMERICA				
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attached sclbelief, a true and complete statement of all campaign finance activity of all persons acting under the authority or on l requirements of M.G.L. c. 55.  Signed under the penalties of perjury:	vity includi for this ret	orting period and r	epresent	s the ca	LS;
(Cultonal)			1/1	120	12
Tressurer's signature (in ink)			//	Date	<u> </u>
Candidate with Committee and no activity independent of a certify that I have examined this report, and attached schedule true and complete statement of all campaign finance activity, of this committee in accordance with the requirements of M.G.L. c. S any liabilities nor made any expenditures on my behalf during this	s and it is, all persons a 5. I have not	to the best of my lacting under the aut t received any conti	THOTTCA (	AT AM DOL	IGTT OF
Candidate without Committee OR candidate with independ I certify that I have examined this report and attached schedules a true and complete statement of all campaign finance activity in disbursements, inkind contributions and liabilities for this repo finance activity of all persons acting under the authority or on requirements of M.G.L. c. 55.	and it is, to cluding cont: rting period	to the best of my kiributions, loans, re and represents the	nowledge eceipts, campaiqu	and beli expendit	ief, cures,
Signed under the penalties of perjury:			1	,	
Russam Fulls			1/17	/12.	
Candidate's signature (in ink)				Date	<u> </u>

### Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
	ized Receipts emized Receipts ipts	\$0.00 \$0.00 \$0.00	

### Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount	Purpose
Total Itemized Expenditures Total Unitemized Expenditures Total Expenditures	\$0.00 \$0.00 \$0.00	

### Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Ite	mized Inkind Contributions	\$0.00	
Total Unitemized Inkind Contributions		\$0.00	
Total Ink	ind Contributions	\$0.00	

### Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
4/28/2009	Fuller (loan), Ruthanne 32 Suffolk Road Newton, MA 02467	\$1,900.00	Loan from candidate
4/24/2009	Fuller (loan), Ruthanne 32 Suffolk Road Newton, MA 02467	\$70.00	Loan from candidate
4/24/2009	Fuller (loan), Ruthanne 32 Suffolk Road Newton, MA 02467	\$30.00	Loan from candidate
Total Outst	anding Liabilities	\$2,000.00	